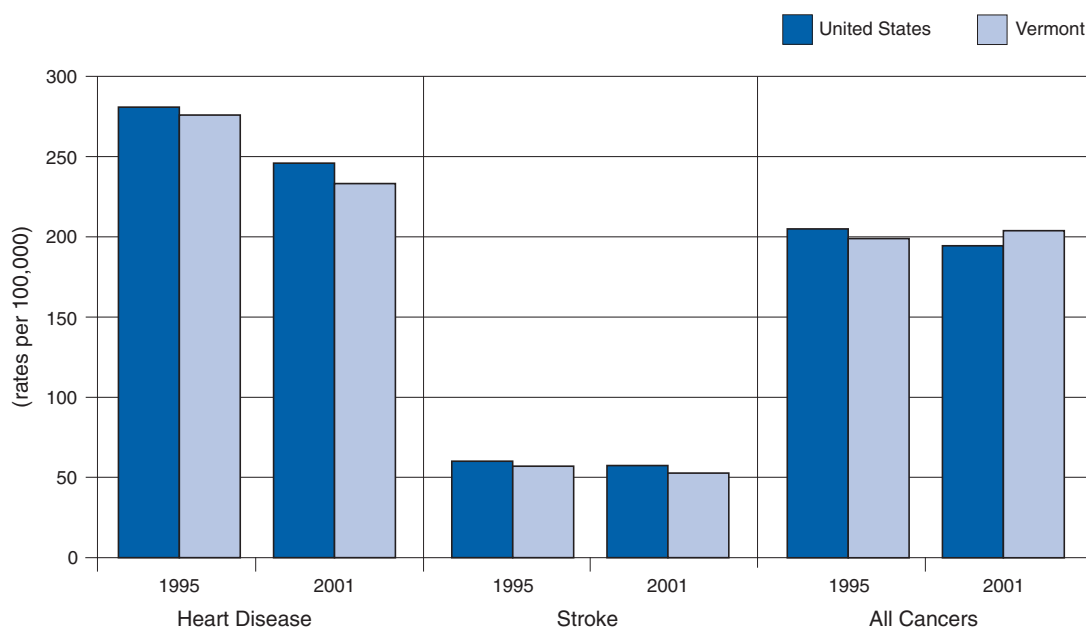


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Vermont, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

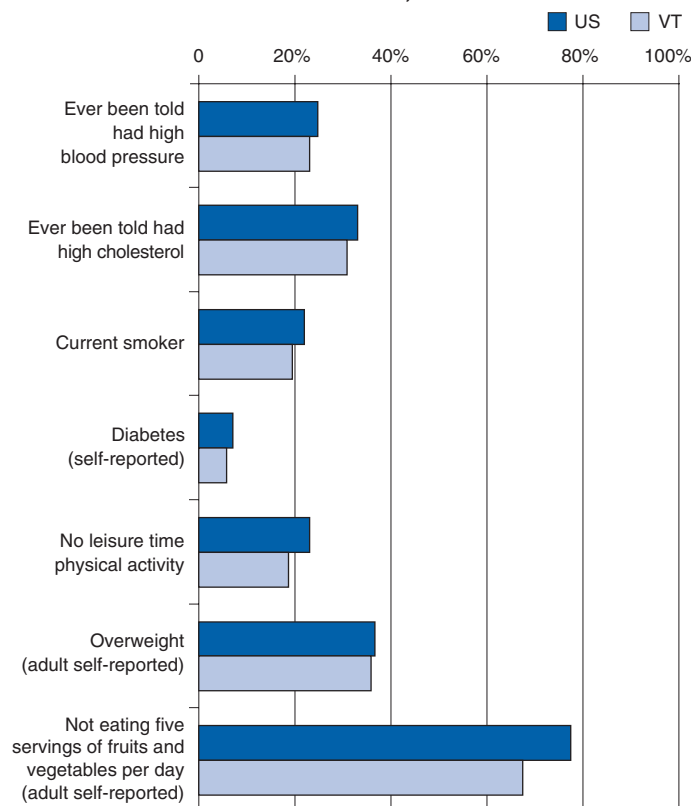
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Vermont, accounting for 1,370 deaths or approximately 27% of the state's deaths in 2002 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 333 deaths or approximately 7% of the state's deaths in 2002.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 1,300 are expected in Vermont. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 3,150 new cases that are likely to be diagnosed in Vermont.

Estimated Cancer Deaths, 2004

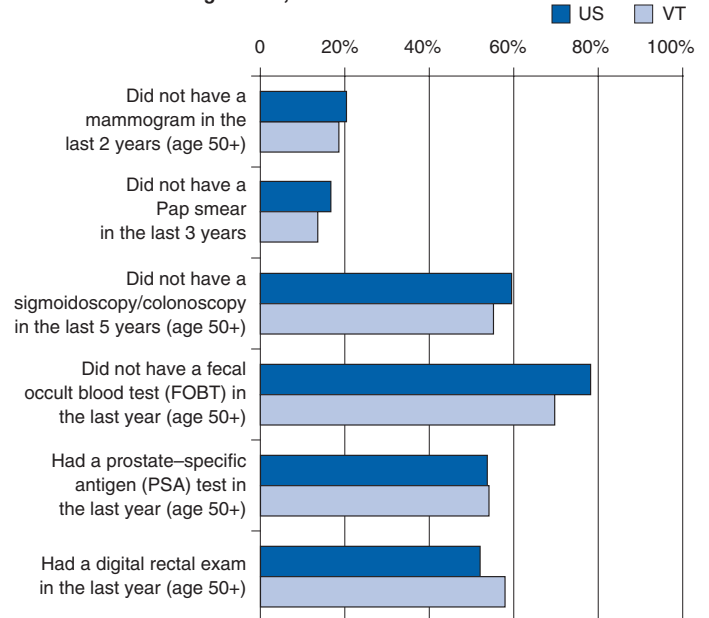
Cause of death	US	VT
All Cancers	563,700	1,300
Breast (female)	40,110	110
Colorectal	56,730	130
Lung and Bronchus	160,440	370
Prostate	29,900	60

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Vermont's Chronic Disease Program Accomplishments

Examples of Vermont's Prevention Successes

- Statistically significant decreases in cancer deaths among white men (296.1 per 100,000 in 1990 versus 240.3 per 100,000 in 2000) and white women (173.0 per 100,000 in 1990 versus 171.7 per 100,000 in 2000).
- A 15.6% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 34.2% in 1992 to 18.6% in 2002)
- A lower prevalence rate than the corresponding national rate for self-reported diabetes (5.8% in Vermont versus 7.1% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Vermont in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Vermont, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Vermont BRFSS</i>	\$180,185
National Program of Cancer Registries <i>Vermont Cancer Registry</i>	\$344,534
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program	\$0
Diabetes Control Program <i>Vermont Diabetes Control and Prevention Program</i>	\$259,220
National Breast and Cervical Cancer Early Detection Program <i>Ladies First</i>	\$1,192,362
National Comprehensive Cancer Control Program <i>Division of Health Surveillance Chronic Disease Program</i>	\$129,536
WISEWOMAN <i>A New Leaf... Choices for Healthy Living Active Living Every Day</i>	\$521,644
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Vermont Tobacco Prevention and Control Program</i>	\$1,090,563
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$3,718,044

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Vermont that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Stroke

Stroke is the third leading cause of death in Vermont and in the United States. According to CDC's Cardiovascular Health Program, from 1996 to 2000, the Vermont age-adjusted death rate for stroke was 115 per 100,000. Since 1990, mortality rates have not declined significantly; however, stroke hospitalization has increased 2.9% per year. This increase was not evenly distributed across all age groups: stroke hospitalizations increased 4.0% for Vermonters ages 55 to 74, while the rate for those ages 75 and older increased 1.9% per year.

Modifiable risk factors for stroke include high blood pressure, cigarette smoking, and obesity. According to 2003 data from CDC's Behavioral Risk Factor Surveillance System, nearly one quarter of Vermont adults (23.1%) reported that they had been told that they had high blood pressure. Almost 20% of adults in Vermont smoked and more than half of all Vermont adults were overweight (35.6%) or obese (18.9%). In 1997, three quarters of the state's adults had at least one of these risk factors, 29.0% had at least two of these risk factors, and 3.0% of Vermont adults had all three of these risk factors.

Two other important risk factors for stroke are high blood cholesterol and diabetes. In 2003, 30.9% of Vermonters reported that they had been told that they have high blood cholesterol. In addition, 5.8% reported that they had been told that they have diabetes. Physical inactivity and poor nutrition are risk factors for stroke, diabetes, and high blood pressure. More than two thirds (67.5%) of Vermont adults consumed less than 5 servings of fruits and vegetables per day and 18.7% did not participate in any leisure time physical activity during the past month.

The current plateau in Vermont's stroke mortality rates, the state's increase in stroke hospitalizations, and the large number of older Vermonters with risk factors for stroke suggest that additional strategies are needed to further reduce the occurrence of stroke. Currently, the Vermont Department of Health supports a variety of programs designed to reduce risk factors for stroke. One of these programs is the Strong Living Program, a comprehensive exercise program for adults age 50 and older that incorporates strength, balance, and flexibility exercises and general information about physical activity. The Department of Health also supports a cardiovascular disease education program, a diabetes control program, and a tobacco control program.

Text adapted from *Chronic Disease in Vermont: Stroke*, Vermont Department of Health, Disease Control Bulletin (Volume 1, Issue 2, 1999).

Disparities in Health

Nationally, heart disease is the number one killer of women, accounting for approximately one third of all deaths among women in the United States. Lung, breast, and colorectal cancers are the leading causes of cancer deaths in both men and women. Cancer death rates have begun to decline for men, but they have increased for women. Breast cancer continues to be the most commonly diagnosed cancer among women in the United States. White women have a higher incidence of breast cancer after age 40, while African American women have a slightly higher incidence rate before age 40; however, African American women are more likely to die from the disease at any age.

Death rates for women in Vermont mirror these national trends. In 2001, the three leading causes of death for the state's women—heart disease, followed by cancer and stroke—together accounted for approximately 58% of all deaths among Vermont women. More men in Vermont die of heart disease than women (595 per 100,000 men, compared with 393 per 100,000 women), but more women of all ages die from stroke than men. Of the three leading causes of cancer death among women in Vermont—lung cancer, breast cancer, and colorectal cancer—breast cancer is the most frequently diagnosed cancer, and representing 30% of all newly diagnosed cancers affecting women in the state. Colorectal cancer is the second most frequently newly diagnosed cancer among women in Vermont (13%, compared with 11% among men).

In Vermont, from 1995 to 1999, 36% of breast cancers were detected by mammography (compared with the 2% that were detected from 1974 to 1984). In 2002, only 53.9% of women aged 50 and older with household incomes of below \$15,000 received screening, compared with 66.3% of women of the same age group with incomes of more than \$50,000. Data from the National Cancer Institute's Surveillance, Epidemiology, and End Results Program system indicated that Vermont's cervical cancer incidence rate was 10.4 per 100,000, which was slightly higher than the national average of 8.1 per 100,000.

Other Disparities

- **Physical Activity:** Women in Vermont are slightly less likely to be physically active than their male counterparts (80.6% versus 82.0%).
- **Overweight:** Women in Vermont are less likely to be overweight or obese than men (46.5% versus 64.6%).
- **Nutrition:** Women are more likely to consume 5 or more fruits and vegetables per day than men (38.4% versus 26.2%).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
E-mail: ccinfo@cdc.gov | Web: <http://www.cdc.gov/nccdphp>